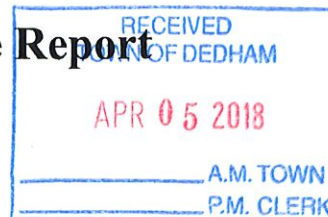




Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Feb. 9, 2018 Ending Date: April 5, 2018

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Allison Staton  
Candidate Full Name (if applicable)

Dedham Board of Health  
Office Sought and District

46 Woodleigh Road, Dedham, MA  
Residential Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

Committee to Elect Allison Staton  
Committee Name

Margaret Duncan  
Name of Committee Treasurer

51 Martin Bates Street, Dedham, MA  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	3560
Line 3: Subtotal (line 1 plus line 2)	3560
Line 4: Total expenditures this period (page 5, line 14)	3448.15
Line 5: Ending Balance (line 3 minus line 4)	111.85
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Dedham Institution for Savings

**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: 4/5/18

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with Committee and no activity independent of the committee**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

**Candidate without Committee OR Candidate with independent activity filing separate report**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Allison M. Staton (Candidate's signature) Date: 4/5/18

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

**(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/26/2018	Margaret Adams 255 East Street Dedham, MA	60	
2/23/208	Michael Cocchi 18 Walnut Street Dedham, MA	100	
2/9/2018 and 4/3/2	Meg Duncan 51 Martin Bates Street Dedham, MA	100	
3/25/2018	Andrea Gilmore 66 Church Street Dedham, MA	100	
2/9/2018	Molly Kittleson 115 Mt. Vernon Street Dedham, MA	100	
2/26/2018 and 4/3/	Lisa Laprade 14 Preston Street Dedham, MA	75	
4/1/2108	Mary Marcel 16 Dalton Rd Belmont, Ma	100	
2/26/2018 and 4/4/	Brian O'Connor 71 Woodleigh Road Dedham, MA 02026	220	VP, Citizens Energy
2/26/2018	Christine Ryan 62 Gainsville Rd Dedham, MA	75	
2/26/2018	Frances Sally 35 Woodleigh Road Dedham, MA	100	
2/29/2018 and 2/11	Peter Springer 57 Circuit Street Dedham, MA	130	
2/9/2018	Allison Staton 46 Woodleigh Road Dedham, ma	150	
Line 9: Total Receipts over \$50 (or listed above)		[ ]	
Line 10: Total Receipts \$50 and under* (not listed above)		[ ]	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		[ ]	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/30/2018	Amy Sucoff 247 Temple St Newton, Ma	100	
2/26/2018	John Tocci 78 Adams Street Dedham MA	100	
2/20/2018	Dennis Todaro 1054 Somerset Springs Spring Hill, TN	100	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		1610	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		1950	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		3560	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

**(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/4/2018	Act Blue	PO Box 441146   Somerville, MA 02144-0031	fees	55.79
4/2/2018	Collegiate Press	407 Huntington Avenue Boston	printing/mailing	\$1000
4/3/2018	Dedham Times	395 Washington St. Dedham	advertising	\$450
2/21/2018	Dedham Times	395 Washington St. Dedham	advertising	\$105
3/8/2018	Deli After Dark	High Street Dedham	kickoff party	\$500
3/8/2018	East Coast Printing	2 Keith Way, Hingham	Signs	982.81
2/24/2018	Kerry Hawkins	Sprague Street Dedham	graphic design	135.70
Line 12: Total Expenditures over \$50 (or listed above)				3229.30
Line 13: Total Expenditures \$50 and under* (not listed above)				218.85
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>3448.15</b>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: <b>TOTAL EXPENDITURES IN THE PERIOD</b>	

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	0

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				0